

**RENEWAL REGISTRATION APPLICATION  
SPECIAL CONSERVATOR OF THE  
PEACE**

Form Code: 261

**Application Fee - \$60.00**

Check or Money Order payable to:  
Treasurer, Commonwealth of Virginia

**Application Fees are Non-Refundable**

**COMMONWEALTH OF VIRGINIA**

*Department of Criminal Justice Services*

Private Security Services Section

**P.O. Box 10110, Richmond, VA 23240-9998**

**Phone #: (804) 786-4700; Fax #: (804) 786-6344**

**Website: [www.dcjs.org/privatesecurity](http://www.dcjs.org/privatesecurity)**

1. Applicant Name: \_\_\_\_\_  
Last Name First Name MI

2. Social Security #: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
mm/dd/yy

3. Mailing Address: \_\_\_\_\_  
Number and Street City/Town State Zip

4. Telephone: Residence \_\_\_\_\_ Business \_\_\_\_\_ Fax \_\_\_\_\_

5. May the Department provide information via an e-mail address? ☐ Yes ☐ No

6. E-Mail Address: \_\_\_\_\_

7. Are you currently appointed as a special conservator of the peace and the term on your appointment is not expired? ☐ Yes ☐ No

If yes, Circuit Court and Expiration: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

8. Have you **ever been convicted or found guilty of a felony or misdemeanor** (not to include minor traffic violations) in Virginia or any other jurisdiction to include military court martial or currently under protective orders?

☐ Yes ☐ No

**If Yes**, please attach a **Private Security Criminal History Supplemental Form** (PSS\_CHS) and all requested criminal history documentation. *This form may be found on our website [www.dcjs.org/privatesecurity](http://www.dcjs.org/privatesecurity) under Form Name: PSS\_CHS.*

9. Have you completed all required mandated entry-level/in-service or firearms training?

☐ No If no, this application cannot be processed.

☐ Yes If yes, attach third party documentation verifying the type and dates of training. This application cannot be processed without the requested documentation.

10. Firearms Training Verification Requested (Check each that applies)

☐ Handgun

☐ Shotgun

11. Have you committed any act or omission, which resulted in a registration or court appointment being suspended, revoked, not renewed or being otherwise disciplined in any local, state (including Virginia) or national regulatory body?

☐ No

☐ Yes If Yes, attach copies of any correspondence or documentation related to this matter to include the name of the jurisdiction in which it took place. Provide an explanation of the events, including a description of the disciplinary proceeding and the type of sanctions that were imposed.

12. Do you understand that you are responsible for maintaining full compliance with Virginia Code Sections 9.1-150.2 through 9.1-150.4, 19.2-13, 15.2-1737 and the Regulations Relating to Special Conservator of the Peace? ☐ Yes ☐ No

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I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
mm/dd/yy